Docket No.: 25 7908

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

plural names are listed below) of the subje		FLEXIBLE PACKAGING			
the application of which is attached hereto	į	X was filed on 18.10.2002 United States Application Num Number PCT/FR2002/003582 (Confirmation No.		d was amen	
I hereby state that I have reviewed and u by any amendment specifically referred to	nderstand the content of above.	ts of the above identified appli	cation, includ	ing the clai	ms, as amended
I acknowledge the duty to disclose in continuation-in-part application(s), mater the national or PCT international filing da	ial information whic	h became available between th	defined in 3 ne filing date	7 CFR 1.56 of the prior	i, including for application and
I hereby claim foreign priority under 35 Ubreeder's rights certificate(s), or 365(a) of United States of America, listed below a inventor's or plant breeder's rights certification on which priority is claimed.	U.S.C. 119(a)-(d) or a f any PCT international have also identi-	(f), or 365(b) of any foreign aponal application(s) which designed below, by checking the b	mated at least ox, any foreig	one countr gn application	on(s) for patent,
Prior Application Number(s)	Country	Filing Date	_	Priority Claimed Yes No	
I hereby claim benefit under 35 United St Applies	ates Code §119(e) of ation Number(s)		application(s)	listed belov	₩.
I hereby claim benefit under 35 United application(s) designating the United Stat not disclosed in a listed prior United Stat United States Code, §112, I acknowled defined in 37 C.F.R. 1.56 which occurred date of this application:	tes, listed below and es or PCT Internation ge my duty to disclo	, insofar as the subject matter on the manner pose any information material t	of each of the rovided by the to the patental	claims of the e first parag bility of thi	raph of Title 35, is application as
Prior U.S. or International Application Nu	nber(s)	U.S. or International Filing Date		Star	tus
I hereby appoint all attorneys of SUGHI my attorneys to prosecute this application therewith, recognizing that the specific a discretion of Sughrue Mion, PLLC, and the same USPTO Customer Number.	on and to transact all attorneys listed unde request that all corre	I business in the United States r that Customer Number may	Patent and T be changed fr	Trademark (com time to	Office connected time at the sole

[Page I of ___]

validity of the application or any patent issued thereon.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the

NAME OF SOLE OR FIRST INVENTOR:							
Given Name (first and middle [if any]) José Manuel		Family Name or Surname SAMPAIO CAMACHO					
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City	State	Zip ·		Country			
NAME OF SECOND INVENTOR:							
Given Name (first and middle [if any])	Family Name or Surname						
Inventor's Signature		Date					
Residence: City	State	Country Citizenship		Ciţizenship			
Mailing Address:							
City	State	Zip		Country			
NAME OF THIRD INVENTOR:							
Given Name							
(first and middle [if any])		Family Name or Surname					
Inventor's Signature	<u> </u>	I	Date				
Residence: City	State	Country		Citizenship			
Mailing Address:							
City	State	Zip		Country			
NAME OF FOURTH INVENTOR:	1						
Given Name (first and middle [if any]) Family Name or Surname							
Inventor's Signature			Date				
Residence: City	State	Country		Citizenship			
Mailing Address:							
City	State	Zip		Country			
NAME OF FIFTH INVENTOR:	Jaco	— P					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature		Date					
Residence: City	State	Country		Citizenship			
Mailing Address:		:					
City	State	Zip		Country			
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